

Affidavit of Marriage/ Domestic Partnership



King County

Benefits, Payroll and
Retirement Operations

- Submit this affidavit with an Add Dependent form to Benefits, Payroll and Retirement Operations, CNK-ES-0240, 401 Fifth Ave., Seattle 98104-2333, or fax it to 206-296-7700. You may submit this affidavit without the "Add Dependent" form if simply documenting your marriage/domestic partnership and not adding your spouse/domestic partner for benefit coverage at this time.
- You might also want to submit Life/AD&D Change and Beneficiary Designation forms.
- Questions? Go to www.kingcounty.gov/employees/benefits, e-mail kc.benefits@kingcounty.gov or call 206-684-1556.

Check all boxes that apply

- ☐ Add my spouse/domestic partner (DP) for benefit coverage.
- ☐ This form documents my marriage/domestic partnership, but don't add my spouse/DP for coverage at this time.
- ☐ My spouse/DP is also a King County employee.

Check all applicable boxes and provide the date

- ☐ I (employee) certify my spouse (named below) and I legally married (date) _____.
- ☐ I (employee) certify my domestic partner (named below) and I are registered with the Washington State Secretary of State's office.
- ☐ I (employee) certify my domestic partner (named below) and I began our domestic partnership (date) _____ and we
 - Share the same regular and permanent residence
 - Have a close personal relationship
 - Are jointly responsible for *basic living expenses**
 - Aren't married to anyone
 - Are both 18 years of age or older
 - Aren't related by blood closer than would bar marriage in the State of Washington
 - Were mentally competent to consent to contract when our domestic partnership began, and
 - Are each other's sole domestic partners and are responsible for each other's common welfare.

* "Basic living expenses" means the cost of basic food, shelter and any other expenses of a domestic partner paid at least in part by a program or benefit for which the partner qualified because of the domestic partnership. Individuals need not contribute equally or jointly to the cost of these expenses as long as they both agree they are responsible for the cost.

Confirm you understand this affidavit and have provided accurate information

I (employee) understand this affidavit will no longer be effective if my spouse/domestic partner dies or if there is a change of circumstances attested to in this affidavit. I agree to notify Benefits, Payroll and Retirement Operations or the appropriate payroll/personnel representative if there is any change of circumstances attested to in this affidavit within 30 days of such change by filing a Delete Family Member form. I understand that any prior domestic partnership in which I or my domestic partner participated with a third party was terminated at least 90 days prior to the date of this affidavit or by the death of that third party, and if such prior domestic partnership had been acknowledged, that notice of the termination of the prior domestic partnership, whether by death of the domestic partner or otherwise, was provided to the county at least 90 days prior to the date of this affidavit.. I understand the willful falsification of information on this affidavit may lead to disciplinary action up to and including discharge from employment. We (employee and spouse/domestic partner) understand this information will be held confidential and subject to disclosure only upon express written authorization or if otherwise required by law. We understand this declaration of responsibility for our common welfare may have legal implications under Washington State law. We understand that this Affidavit of Marriage/Domestic Partnership is not equivalent to a Washington State registered domestic partnership certificate and does not offer the same provisions as the aforementioned certificate such as with some state family and medical leaves. We understand a civil action may be brought against us for any losses, including reasonable attorney fees, because of a false statement contained in this Affidavit of Marriage/Domestic Partnership. We certify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and correct.

Employee signature _____

Date signed _____

Printed name _____

Contact phone (_____) _____

Spouse/DP signature _____

Date signed _____

Printed name of spouse/DP _____

Employee PeopleSoft ID# _____